

<i>SERFF Tracking Number:</i>	<i>GRTT-126512874</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>United National Life Insurance Company of America</i>	<i>State Tracking Number:</i>	<i>44971</i>
<i>Company Tracking Number:</i>	<i>U0950-AR</i>		
<i>TOI:</i>	<i>H14I Individual Health - Hospital Indemnity</i>	<i>Sub-TOI:</i>	<i>H14I.000 Health - Hospital Indemnity</i>
<i>Product Name:</i>	<i>U0950-AR</i>		
<i>Project Name/Number:</i>	<i>U0950-AR/U0950-AR</i>		

Filing at a Glance

Company: United National Life Insurance Company of America

Product Name: U0950-AR SERFF Tr Num: GRTT-126512874 State: Arkansas

TOI: H14I Individual Health - Hospital Indemnity SERFF Status: Closed-Approved- Closed State Tr Num: 44971

Sub-TOI: H14I.000 Health - Hospital Indemnity Co Tr Num: U0950-AR State Status: Approved-Closed

Filing Type: Form/Rate	Author: Paul Porcaro	Reviewer(s): Rosalind Minor
	Date Submitted: 02/23/2010	Disposition Date: 02/24/2010
		Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: U0950-AR	Status of Filing in Domicile: Pending
Project Number: U0950-AR	Date Approved in Domicile:
Requested Filing Mode: Review & Approval	Domicile Status Comments:
Explanation for Combination/Other:	Market Type: Individual
Submission Type: New Submission	Group Market Size:
Overall Rate Impact:	Group Market Type:
Filing Status Changed: 02/24/2010	Explanation for Other Group Market Type:
	State Status Changed: 02/24/2010
Deemer Date:	Created By: Paul Porcaro
Submitted By: Paul Porcaro	Corresponding Filing Tracking Number:

Filing Description:

These forms are new and are not intended to replace any forms your Department has previously authorized for use by United National Life Insurance Company of America. Agents duly licensed to sell health insurance in your state will solicit these forms on a person-to-person basis.

Policy form U0950-AR provides coverage for hospital confinement on an indemnity basis, as well as other complementary coverage. Please refer to the Supporting Documentation tab for a summary of coverage for the four plans to be offered.

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Also, enclosed please find the Actuarial Memorandum and premium rate sheets for this product. There are additional rates filed for child benefit rider RU069911-AR. This rider was previously approved by the department on December 6, 2006 and will be used to offer child coverage under policy form U0950-AR.

Lastly, we have enclosed a copy of the outline of coverage.

We will be using application form UAPPH1-10-AR in the solicitation of this product. The "Coverage Selection" section is being filed as variable in the event this application may be used with other applicable hospital confinement indemnity products, or different benefit options become available. Please note that the application is also to be used with hospital indemnity form U9910-AR and first diagnosis cancer form U0430-AR, both previously approved by the Department.

These forms are laser printed. We reserve the right to change the font (typeface) when and if a new font becomes available. However, in no event will the type size, format or content differ from those submitted or as mandated by state law or regulation, other than possible text flow variations between pages.

Please do not hesitate to contact me directly should you require something further in the course of your review.

As always, your prompt consideration of these forms for approval is most sincerely appreciated.

Company and Contact

Filing Contact Information

Paul Porcaro, Senior Compliance Analyst	pporcaro@gtlic.com
1275 Milwaukee Avenue	847-904-5553 [Phone]
Glenview, IL 60025	847-699-0093 [FAX]

Filing Company Information

United National Life Insurance Company of America	CoCode: 92703	State of Domicile: Illinois
1275 Milwaukee Ave.	Group Code: 903	Company Type:
Glenview, IL 60025	Group Name:	State ID Number:
(847) 803-5252 ext. [Phone]	FEIN Number: 37-1095206	

Filing Fees

SERFF Tracking Number:	GRIT-126512874	State:	Arkansas
Filing Company:	United National Life Insurance Company of America	State Tracking Number:	44971
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COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
United National Life Insurance Company of America	\$150.00	02/23/2010	34396680

SERFF Tracking Number:	GRTT-126512874	State:	Arkansas
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Product Name:	U0950-AR		
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	02/24/2010	02/24/2010

<i>SERFF Tracking Number:</i>	<i>GRTT-126512874</i>	<i>State:</i>	<i>Arkansas</i>
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Disposition

Disposition Date: 02/24/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: GRTT-126512874 State: Arkansas

Filing Company: United National Life Insurance Company of America State Tracking Number: 44971

Company Tracking Number: U0950-AR

TOI: H141 Individual Health - Hospital Indemnity Sub-TOI: H141.000 Health - Hospital Indemnity

Product Name: U0950-AR

Project Name/Number: U0950-AR/U0950-AR

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Health - Actuarial Justification	Approved-Closed	No
Supporting Document	Outline of Coverage	Approved-Closed	Yes
Supporting Document	Summary of Coverage	Approved-Closed	Yes
Form	Hospital Confinement Home Care Indemnity Policy	Approved-Closed	Yes
Form	Application	Approved-Closed	Yes
Form	Outline of Coverage	Approved-Closed	Yes
Rate	Policy Rates	Approved-Closed	Yes
Rate	Child Rider Rates	Approved-Closed	Yes

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Form Schedule

Lead Form Number: U0950-AR

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 02/24/2010	U0950-AR	Policy/Cont ract/Fratern al Indemnity Certificate	Hospital Confinement Home Care Policy	Initial		50.380	U0950-AR.pdf
Approved-Closed 02/24/2010	APPH1-10-AR	Application/ Enrollment Form	Application	Initial		51.390	APPH1-10-AR.pdf
Approved-Closed 02/24/2010	OCU0950(CR)-AR	Outline of Coverage	Outline of Coverage	Initial		51.690	OCU0950(CR)-AR.pdf

**UNITED NATIONAL LIFE
INSURANCE COMPANY
OF AMERICA
A Stock Company**

P.O. Box 1154
Glenview, IL 60025-1154
(847) 803-5252

**HOSPITAL
CONFINEMENT AND
HOME CARE
INDEMNITY POLICY**

IMPORTANT NOTICE

Please read the copy of the application attached to this Policy. Carefully check the application and write to us at the address shown above within 30 days if any information shown on it is not correct and complete. This policy was issued on the basis that the answers to all questions and the information shown on the application are correct and complete. Any omission or wrong statements in Your application may result in loss of coverage as of its Effective Date.

WE PROMISE to insure You for the benefits described in this Policy. These benefits are payable for Hospital Confinement and other specified benefits. Benefits are subject to the Policy definitions, provisions, limitations and exceptions.

EFFECTIVE DATE. This Policy begins at 12:01 a.m. standard time at Your residence on the Effective Date shown in the Policy Schedule.

GUARANTEED RENEWABLE FOR LIFE. You may keep this Policy in force during Your entire lifetime by paying the renewal premium at the intervals available to You at time of renewal. You must pay the renewal premium by its due date or during the 31 days that follow. We cannot cancel or refuse to renew this Policy or place any restrictions on it if You pay Your premiums on time.

PREMIUMS SUBJECT TO CHANGE. We may change your premiums by giving You at least 31 days prior written notice of any change in the renewal premium. We can only change the premium if We change it for all Policies like Yours in Your state on a class basis.

If You have any problems, complaints or questions concerning this Policy, please write Us at the above address or call us at 800 207-8050. If We are unable to satisfy You, You may write the Arkansas Consumer Services Division, Department of Insurance, 1200 W. Third Street, Little Rock, AR 72201-1904 or call 800 282-9124.

YOUR RIGHT TO EXAMINE THIS POLICY FOR 30 DAYS. It is important to Us that You are satisfied with this Policy. If You are not satisfied with this Policy, You may return it to Us within 30 days of its receipt. Upon return We will void the Policy as of the Effective Date and You will receive a full refund of any premium You have paid.

READ YOUR POLICY CAREFULLY. This Policy is a legal contract between You and Us.

Signed for United National Life Insurance Company of America at Glenview, Illinois, on the Effective Date.



Secretary



President

IMPORTANT NOTICE

THIS POLICY IS NOT A MEDICARE SUPPLEMENT POLICY. If You are eligible for Medicare, review "The Guide to Health Insurance for People with Medicare" available from the company."

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UNITED NATIONAL LIFE INSURANCE COMPANY OF AMERICA
PO Box 1154, Glenview, Illinois 60025-1154

POLICY SCHEDULE

[POLICY NUMBER:]

EFFECTIVE DATE:

PREMIUM:

ANNUAL \$ _____ SEMI-ANNUAL \$ _____ QUARTERLY \$ _____ MONTHLY \$ _____

POLICY FEE \$ _____

COVERED PERSONS AGE

NAME OF INSURED JOHN DOE 57

NAME OF SPOUSE JANE DOE 51

LUMP SUM HOSPITAL BENEFIT AMOUNT \$[500,1000,1500,2000]

DAILY HOSPITAL BENEFIT AMOUNT \$[100,200,300,400]

ELIMINATION PERIOD: 6 DAYS

LIFETIME MAXIMUM: 180 DAYS

DOCTOR'S OFFICE WEEKLY BENEFIT AMOUNT \$[40,50,60,70] PER WEEK

DOCTOR'S OFFICE CALENDAR YEAR MAXIMUM: 5 WEEKS

OUTPATIENT SURGERY BENEFIT AMOUNT \$[200,400,600,800]

LIMITED TO 2 PER CALENDAR YEAR

MAXIMUM SURGICAL BENEFIT AMOUNT \$[400,800,1200,1600]

EMERGENCY ROOM BENEFIT AMOUNT-INJURY ONLY \$[150,250] PER WEEK

EMERGENCY ROOM CALENDAR YEAR MAXIMUM: \$[450,750]

HOME HEALTH CARE BENEFIT AMOUNT \$[150,250] PER WEEK

HOME HEALTH CARE BENEFIT MAXIMUM: 26 WEEKS

HOMEMAKER/COMPANION BENEFIT AMOUNT \$[75,100] PER WEEK

HOMEMAKER/COMPANION BENEFIT MAXIMUM: 26 WEEKS

DAILY HOME RECOVERY BENEFIT AMOUNT \$[20,30,40,50]

HOME RECOVERY BENEFIT MAXIMUM PER CONFINEMENT: 30 DAYS

WELLNESS CARE BENEFIT AMOUNT \$[50,100] PER YEAR

ACCIDENTAL DEATH BENEFIT \$[5,000]

CONSIDERATION

We have issued this Policy in consideration of the statements made in the application and payment of the first premium. The application is attached and made a part of this Policy.

POLICY DEFINITIONS

Accident: A sudden, unforeseeable event which results in an Injury.

Activities of Daily Living (ADL) are functional routines that relate to a person's ability to live independently. For purposes of this Policy, Activities of Daily Living are limited to the following:

1. **Bathing** means washing oneself by sponge bath, in either a tub or shower, including the task of getting into or out of the tub or shower.
2. **Continence** means the ability to maintain control of bowel or bladder function; or, when unable to maintain control of bowel or bladder function, the ability to perform associated personal hygiene (including caring for catheter or colostomy bag).
3. **Dressing** means the ability to put on or take off all items of clothing and any necessary braces, fasteners, or artificial limbs.
4. **Eating** means the ability to feed oneself by getting food into the body from a receptacle (e.g. plate, cup, table), or by a feeding tube or intravenously.
5. **Toileting** means the ability to get to and from the toilet, getting on and off the toilet, and performing associated personal hygiene.
6. **Transferring** means the ability to move into or out of a bed, chair, or wheelchair without assistance.

Ambulatory Surgical Center: A facility which is accredited by a national accrediting body or licensed by a state agency and which:

- Is equipped and operated to provide medical care and treatment by a Doctor;
- Does not provide services or accommodations for overnight stays;
- Has a full time medical staff that is under the supervision of a duly licensed Doctor;
- Has at least one licensed registered nurse (R.N.) on duty at all times when patients are in the facility;
- Has at least one operating room and one recovery room and is equipped to support any surgery performed;
- Has X-ray and laboratory diagnostic facilities;
- Maintains a medical record for each patient; and
- Has a written agreement with at least one Hospital for the immediate transfer of patients who develop complications or need confinement.

Benefit Period begins on the first day a Covered Person receives Home Health Care or Homemaker/Companion services while covered under this Policy. It ends when a Covered Person has not received Home Health Care or Homemaker/Companion services for 180 consecutive days. Then, provided this Policy is in force, a new Benefit Period may begin.

Calendar Year means the period beginning on the Effective Date and ending December 31st of that year. Thereafter it is the period from January 1st to December 31st of each following year.

Cognitive Impairment means there is a deterioration or loss in intellectual capacity which requires continual supervision to protect oneself or others, as measured by clinical diagnosis or tests which reliably measure impairment in the following areas:

1. short or long term memory;
2. orientation as to person (who you are), place (your location), and time (day, date and year);
3. deductive or abstract reasoning.

Such loss of intellectual capacity can result from the following conditions: Alzheimer's disease, Parkinson's disease, senile dementia, or other nervous or mental disorders of organic origin.

Covered Person means You and Your spouse if named in the Policy Schedule or added to the Policy whose coverage has not ended.

Definitions (continued)

Daily Hospital Benefit Amount means the amount we will pay each day when Hospital Confined after the Elimination Period is satisfied. The Daily Hospital Benefit Amount is shown in the Policy Schedule.

Doctor means any licensed practitioner of the healing arts operating within the scope of his or her license in treating an Injury or Sickness. It does not include You, Your spouse, or a member of the Covered Person's Immediate Family.

Elimination Period means the number of days in a row for which no Daily Hospital Confinement Indemnity Benefits are payable under this Policy. The Elimination Period must be satisfied once during each One Period of Confinement, and can only be satisfied by days on which a Covered Person incurs charges for which payment would be made under the Daily Hospital Confinement Indemnity Benefit if there were no Elimination Period. The Elimination Period applies to days on which a Covered Person incurs charges for confinement in a Hospital. The Elimination Period is shown on the Policy Schedule.

Emergency Care means treatment of an accidental bodily injury, independent of disease or bodily infirmity or of any other cause, received within 48 hours after an Injury.

Emergency Room Benefit Amount means the maximum amount We will pay each Week for Emergency Care. The Emergency Room Benefit Amount is shown in the Policy Schedule.

Experimental/Investigational: A drug, device or medical care or treatment will be considered experimental/ investigational if:

- The drug or device cannot be lawfully marketed without approval of the U.S. Food and Drug Administration (FDA) and approval for marketing has not been given at the time the drug or device is furnished;
- The informed consent document utilized with the drug, device, medical care or treatment states or indicates that the drug, device, medical care or treatment is part of a clinical trial, experimental phase or investigational phase or if such a consent document is required by law;
- The drug, device, medical care or treatment or the patient informed consent document utilized with the drug, device or medical care or treatment was reviewed and approved by the treating facility's institutional review board or other body serving a similar function, or if federal or state law requires such review and approval;
- Reliable evidence shows that the drug, device or medical care or treatment is the subject of ongoing Phase I or Phase II clinical trials, is the research, experimental study or investigational arm of on-going Phase III clinical trials, or is otherwise under study to determine its maximum tolerated dose, its toxicity, its safety, its efficacy or its efficacy as compared with a standard means of treatment or diagnosis; or
- Reliable evidence shows that the prevailing opinion among experts regarding the drug, device or medical care or treatment is that further studies or clinical trials are necessary to determine its maximum tolerated dose, its toxicity, its safety, its efficacy or its efficacy as compared with a standard means of treatment or diagnosis.

Reliable evidence means only: published reports and articles in authoritative medical and scientific literature; written protocol or protocols by the treating facility studying substantially the same drug, device or medical care or treatment; or the written informed consent used by the treating facility or other facility studying substantially the same drug, device or medical care or treatment.

Home Health Care means medical and non-medical services provided by a Home Health Care Practitioner in Your home.

Home Health Care Agency means an agency or organization which:

1. specializes in giving nursing care or therapeutic services in the home;
2. is licensed to provide such care by the appropriate state licensing agency or authority where the services are performed, or is Medicare certified as a Home Health Care Agency;
3. maintains a complete medical record and plan of care for each patient; and
4. is operating within the scope of its license or certification.

Home Health Care Benefit Amount means the amount We will pay for each week of Home Health Care. The Home Health Care Benefit Amount is shown in the Policy Schedule.

Definitions (continued)

Home Health Care Practitioner means an individual who is qualified to provide Home Health Care. A Home Health Care Practitioner includes the following: a home health aide; a provider of medical or social services; a registered professional nurse (RN); a licensed practical nurse (LPN); a licensed vocational nurse (LVN); a licensed speech therapist or audiologist; a licensed respiratory therapist; a licensed physical therapist; a licensed chemotherapy specialist; or a licensed nutritional therapist. A Home Health Care Practitioner whose specialty is not listed here may be used if approved by Us prior to the practitioner providing the service. A Home Health Care Practitioner:

1. must be licensed in the state, or recognized as such by the state in which the care is given;
2. may not be a Covered Person;
3. may not reside at Your address;
4. must present a charge for the care given which You are legally obligated to pay; and
5. must be employed or contracted by a Home Health Care Agency.

Homemaker/Companion Services means the following services:

1. cooking, which means preparation of meals and nutrition;
2. shopping, which includes purchasing groceries, household supplies and medicine;
3. assisting with the use of the telephone, laundering clothes, corresponding and bill paying, and other housekeeping tasks; and
4. transportation to and from medical appointments.

A person providing Homemaker/Companion Services must be employed by a Home Health Care Agency and must be licensed in the state or recognized as such by the state in which the care is given.

Homemaker/Companion Services do not include any type of construction, renovation or maintenance (such as painting, etc.), lawn care, snow removal, maintenance of a vehicle, or other similar services.

Hospital Confinement/Confined means medical care or treatment received while in a general hospital as a resident bed patient for which a charge for room and board was made.

Hospital means a place which meets the requirements shown below:

1. is legally operated to provide medical care and treatment of sick or injured persons;
2. is primarily engaged in providing medical, diagnostic and surgical facilities (either on its premises or in facilities available to the hospital on a formal pre-arranged basis);
3. has continuous 24 hour nursing services by, or under the supervision of, registered graduate professional nurses (R.N.);
4. has a staff of one or more doctors available at all times.

Hospital also means a place which may not meet the above requirements, but is accredited as a hospital by the Joint Commission on Accreditation of Healthcare Organizations, American Osteopathic Association or the Commission on the Accreditation of Rehabilitation Facilities.

Hospital does not include a place, special ward, floor, or other accommodation used for:

1. a convalescent, skilled nursing, or rest home, or a home for the aged;
2. a place mainly providing custodial, educational, or rehabilitative care; or
3. a facility mainly used for treating drug addiction or alcoholism.

Immediate Family includes any person who is related to You in any of the following ways: spouse, brother-in-law, sister-in-law, son-in-law, daughter-in-law, mother-in-law, father-in-law, parent (includes stepparent), brother or sister (includes stepbrother or stepsister), or child (includes legally adopted or stepchild). Immediate Family also includes an individual who normally lives in Your household.

Definitions (continued)

Injury means bodily injury due to an Accident, which results solely, directly and independently of disease, bodily infirmity or any other causes. The Accident must occur while this Policy is in force. Any loss due to Injury must begin while this Policy is in force.

Lump Sum means the maximum amount We will pay under the terms of this Policy during any One Period of Confinement. The Lump Sum Hospital Benefit Amount is shown in the Policy Schedule.

Maximum Surgical Benefit Amount: The maximum amount We will pay under the terms of this Policy per Calendar Year for a surgical procedure performed in an Ambulatory Surgical Center or Outpatient Facility of a Hospital. The Maximum Surgical Benefit Amount is shown in the Policy Schedule.

Medically Necessary means a service, supply, or Hospital Confinement that:

1. is prescribed by a Doctor;
2. is required for the treatment or management of a medical symptom or condition;
3. is the most efficient and economical service which can safely be provided; and
4. is commonly accepted as proper for the treatment or management of a condition by an established United States medical society.

The term "Medically Necessary" does not include services which are Experimental or Investigative in nature, or which are provided mainly as a convenience.

The fact that a Doctor may prescribe, order, recommend or approve a service, supply or a confinement does not, of itself, make it Medically Necessary or a covered loss under this Policy even though it is not specifically listed as an exception.

Mental or Nervous Disorder means neurosis, psychoneurosis, psychopathy, psychosis, or mental or emotional diseases or disorders of any kind. It does not include Alzheimer's disease or any similar mental disorder which is organic in origin.

One Period of Confinement: For the purposes of determining the Daily Hospital Benefit Amount and the Lump Sum Hospital Benefit Amount, One Period of Confinement begins when a Covered Person becomes Hospital Confined. One Period of Confinement ends when there has been no additional Hospital Confinement for 180 consecutive days.

Outpatient Surgery Benefit Amount: The amount payable for a surgical procedure performed in an Ambulatory Surgical Center or Outpatient Facility of a Hospital. The Outpatient Surgery Benefit Amount is shown in the Policy Schedule.

Outpatient Facility: A facility which

- Meets licensing and other legal requirements and is equipped to provide surgical services;
- Classified by the Hospital as an out-patient facility; and
- In which You are confined for less than 24 hours.

Sickness means illness or disease which manifests itself while this Policy is in force. Any loss due to Sickness must begin while this Policy is in force. Complications of pregnancy will be considered a Sickness.

Sound Natural Teeth: Natural teeth, the major portion of the individual tooth which is present, regardless of fillings and caps; and is not carious, abscessed or defective.

"We", "Our", and "Us" means UNITED NATIONAL LIFE INSURANCE COMPANY OF AMERICA.

Week means a period of 7 days beginning on Sunday and ending on the following Saturday. For any one Benefit Period that begins on any day other than Sunday, the Weekly Benefit Amount is payable from such day until the following Saturday.

Definitions (continued)

Wellness Care: Services, equipment and supplies that are provided by or under the supervision of a Doctor, that promote good health and prevent disease. Wellness Care includes, but is not limited to:

- a. Annual physical examinations;
- b. Chronic disease self-management programs;
- c. Stress reduction programs.

"You", "Your", and "Yours" refer to the Insured named in the Policy Schedule.

ELIGIBILITY AND ADDITIONS

Section A - General Eligibility

You may apply to include any of the following as Covered Persons under this Policy:

1. Yourself; and
2. Your spouse.

Section B - Becoming a Covered Person

A person, if insurable by Our underwriting standards, will become a Covered Person when:

1. We approve Your written application for that person to become a Covered Person under this Policy; and
2. We accept payment of the required premium.

Coverage for that person will begin on the policy Effective Date, or if this Policy is already in force, on the Effective Date agreed to by You and Us.

Section C - When Insurance Ends

Subject to this policy's Grace Period, a Covered Person's coverage ends as follows:

Coverage for Your Spouse shall cease on the premium due date that follows the date of entry of a valid judgment of dissolution of marriage.

A person's insurance ends at 12:01 a.m. on the date the person stops being a Covered Person. But if we accept a premium for a person whose insurance should have ended, that person's insurance will be kept in force to the end of the period for which premium has been paid.

Section D - Death of the Insured - Policy Continuation

If You die while this Policy is in force, and your spouse is a Covered Person at the time of Your death, he or she will become the Insured.

Section E - Conversion Option

If a Covered Person applies within 60 days after such Person's eligibility ends and pays the required premium, We will issue a new policy. The new policy will be on a form having benefits similar to this Policy and will be on a form, which We are then issuing in the state of residence of the Covered Person. Premium will be based on Our table of rates in effect on the date of coverage for that policy which applies to the Covered Person's class of rates and current age. The new policy will be issued at standard rates. For any Pre-Existing Condition Limitation under any new policy issued under the conversion option, We will count from the time coverage began under this Policy. Any benefit amounts paid for a Covered Person under this Policy will be applied to any benefit limits under the new Policy.

Termination of coverage because a person ceases to be a Covered Person is without prejudice to any claim originating prior to the termination of coverage.

PRE-EXISTING CONDITION LIMITATION.

A Pre-Existing Condition is:

a Sickness or Injury, disclosed or not disclosed on the application, for which medical care, treatment, diagnosis or advice was received or recommended within the 6 month period immediately prior to the Covered Person's Effective Date of coverage under this Policy; or the existence of symptoms which would cause an ordinarily prudent person to seek diagnosis, care or treatment within the 6 months prior to the Covered Person's Effective Date of coverage under this Policy. Treatment includes the taking of Prescription Drugs or medicines.

Pre-existing conditions are not covered unless the loss begins more than 6 months after the Covered Person's Effective Date of coverage.

BENEFIT PROVISIONS

We will pay benefits, as shown in Parts I and II below, for Medically Necessary care, received by a Covered Person due to Injury or Sickness.

Benefits for Home Health Care or Homemaker/Companion Services are payable provided such care is needed because of the Covered Person's inability to perform 1 of the Activities of Daily Living, or because of a Cognitive Impairment. Homemaker/Companion Services and Daily Home Recovery must follow a covered Hospital Confinement.

We will pay benefits as shown in Part III, for Wellness Care and Accidental Death.

The benefits, as shown in Parts I, II, and III below, are subject to the benefit amounts shown in the Policy Schedule, the definitions, limitations, exclusions, and other provisions of the Policy.

Part I

A – Lump Sum Hospital Benefit

We will pay the Lump Sum Hospital Benefit Amount when a Covered Person is Hospital Confined as defined in the Policy. Lump Sum Hospital Benefits are payable only once during any One Period of Confinement, and are not subject to any Elimination Period.

B - Daily Hospital Confinement Indemnity Benefit

We will pay the Daily Benefit Amount for each day a Covered Person is confined in a Hospital when such confinement is Medically Necessary because of an Injury or Sickness. Benefits will begin on the first day of Hospital Confinement following the Elimination Period, and are subject to the Daily Benefit Amount. The Daily Benefit Amount and Elimination Period are shown in the Policy Schedule.

We will not pay more than a total of 180 days for Hospital Confinement during a Covered Person's lifetime.

C - Doctor's Office Visit Benefit

We will pay the Doctor's Office Weekly Benefit Amount as shown in the Policy Schedule, when a Covered Person receives the medical services of a Doctor. Limited to one Doctor's Office Weekly Benefit Amount regardless of the number of Doctor visits during the Week for which benefits are paid.

We will not pay more than the Doctor's Office Calendar Year Maximum shown in the Policy Schedule.

D – Outpatient Surgery Benefit

We will pay the Outpatient Surgery Benefit Amount for a surgical procedure performed by a Doctor when such procedure is performed in an Ambulatory Surgical Center or Outpatient Facility of a Hospital. Surgical procedures and the services and supplies related to the surgical procedures are limited to two occurrences per calendar year not to exceed the Maximum Surgery Benefit Amount. The Outpatient Surgery Benefit Amount and the Maximum Surgery Benefit Amount are shown in the Policy Schedule.

We won't pay for multiple surgical procedures when such procedures are performed through the same incision or in immediate succession. We also won't pay for surgeries performed in a Doctor's office or when Hospital Confined.

Benefit Provisions (continued)

E - Emergency Room Benefit

We will pay the Emergency Room Weekly Benefit Amount, as shown in the Policy Schedule, when a Covered Person receives Emergency Care, including emergency room services, due to an Injury.

We will not pay more than the Emergency Room Calendar Year Maximum shown in the Policy Schedule.

Part II

A - Home Health Care Benefits

We will pay the Home Health Care Benefit Amount for each Week a Covered Person receives 3 or more Home Health Care Practitioner visits on separate days. We will not pay more than the Home Health Benefit Maximum during any one Benefit Period for Home Health Care.

The Home Health Care Benefit Amount and Home Health Care Benefit Maximum are shown in the Policy Schedule.

B - Homemaker/Companion Benefit

We will pay the Homemaker/Companion Benefit Amount for each Week a Covered Person receives 2 or more Homemaker/Companion Services on separate days. Such services must follow a covered Hospital Confinement.

We will not pay more than the Homemaker/Companion Benefit Maximum during any one Benefit Period for Homemaker/Companion Services.

The Homemaker/Companion Benefit Amount and Homemaker/Companion Benefit Maximum are shown in the Policy Schedule.

C – Daily Home Recovery Benefit

We will pay the Daily Home Recovery Benefit Amount following a covered Hospital Confinement, not to exceed the number of days of such Hospital Confinement, and subject to the Home Recovery Benefit Maximum per covered Hospital Confinement. The Daily Home Recovery Benefit and the Home Recovery Benefit Maximum can be found in the Policy Schedule.

Part III

D – Wellness Care Benefit

We will pay the Wellness Care Benefit Amount for Wellness Care as defined in the Policy. Wellness Care must be prescribed (with the exception of an annual physical exam) and provided under the supervision of a Doctor. The Wellness Care Benefit Amount can be found in the Policy Schedule.

E – Accidental Death Benefit

We will pay the Accidental Death Benefit, shown on the Policy Schedule, to the Beneficiary named in the application (or as later changed) if You die solely as a result of Injuries. Accidental death must occur while this Policy is in force and within ninety (90) days after the Accident causing the Injuries. Our payment will be subject to all of the provisions of the Policy. The Accidental Death Benefit does not apply to any spouse or child that may be covered under this Policy or any rider attached to this Policy.

EXCLUSIONS

This policy does not cover loss:

1. For treatment, services or supplies which:
 - Are not Medically Necessary;
 - Are not prescribed by a Doctor as necessary to treat an Sickness or Injury;
 - Are determined to be Experimental/Investigational in nature by Us;
 - Are received without charge or legal obligation to pay;
 - Would not routinely be paid in the absence of insurance;
 - Are received from any Immediate Family Member.
2. For treatment of an Injury or Sickness due to war or an act of war, declared or undeclared; service in the armed forces of any country.
3. For treatment of intentionally self-inflicted injuries or attempted suicide while sane or insane.
4. For treatment of an Injury or Sickness for which a Covered Person is entitled to benefits under any Workers' Compensation or Occupational Disease Law (self-employed Covered Persons are covered for occupational Injury).
5. For normal pregnancy and childbirth if conception was before the Effective Date. Complications of pregnancy are covered as a Sickness.
6. For Mental or Nervous Disorders.
7. For treatment of an Injury that results from the Covered Person's commission of, or attempt to commit a felony, or from the Covered Person's being engaged in an illegal activity.
8. For cosmetic surgery. However "cosmetic surgery" does not include reconstructive surgery which is incidental because of previous surgery due to trauma, infection, or other disease of the involved part; or reconstructive surgery because of a congenital disease or anomaly.
9. For Injury due to being legally intoxicated, as defined by the jurisdiction in which an Accident occurs.
10. For loss due to voluntarily using any drug, narcotic or controlled substance, unless as prescribed by a Doctor.
11. For confinement or treatment received outside the United States or its possessions, unless loss is incurred while the Covered Person is on a trip of not more than 30 days' duration.
12. For services provided by a Home Health Care Agency which has any financial relationship with a Covered Person, with any member of the Covered Person's Immediate Family, or with a Covered Person's Doctor.
13. For the following surgeries under the Outpatient Surgery Benefit;
 - Surgery performed in a Doctor's office or when Hospital Confined.
 - Surgery for corns, calluses and bunions; deviated nasal septum, including submucous resection and/or other surgical corrections thereof unless due to Injury occurring while coverage is in force for the Covered Person;
 - Surgery for removal of breast implants. This exclusion shall not apply to the removal of breast implants for the Medically Necessary treatment of a covered Sickness or Injury, unless the implants were implanted solely for cosmetic purposes and not for surgery performed as reconstruction resulting from an Sickness or Injury;
 - Surgery for non-malignant warts, moles (boils), and lesions unless Medically Necessary;
 - Surgery for sex transformation or reversal thereof;
 - Dental surgery except oral surgery for excision of tumors, growths and cysts of the jaw and mouth and surgery to Sound Natural Teeth made necessary by Injury;
 - Surgery for refractive anomalies;
14. Under the Accidental Death Benefit due to;
 - Bodily or mental infirmity.
 - Bacterial infections except:
Infections which occur simultaneously with or through a cut or wound sustained as the direct result of an Injury, independent of any other cause; and
The accidental ingestion of a contaminated substance.
 - Any kind of disease or hernia.
 - Medical or surgical treatment, except losses that result directly from surgical operations made necessary solely by Injury which is the direct result of an Accident, independent of disease or bodily infirmity or any other cause, and performed within 90 days of the Accident.
 - Travel, or flight in or descent from any kind of aircraft unless:
As a fare paying passenger on a regularly scheduled flight; or
As a passenger on an official flight of the Military Airlift Command of the United States or similar air transport services of other countries.
 - Any Accident or occurrence arising out of or in the course of employment.

Exclusions (continued)

- Sickness or its medical or surgical treatment, including diagnosis.
- Voluntary gas inhalation or poison voluntarily taken, administered or inhaled.
- Riding or driving as a professional in any kind of race for prize money or profit.

CLAIM PROVISIONS

Notice of Claim: Written Notice of Claim for loss must be given to Us at Our home office or to an authorized agent, within 30 days after a covered loss starts, or, because of incapacity or some similar reason, as soon thereafter as is reasonably possible. Notice should include information sufficient to identify the Insured.

Claim Forms: Upon Our receipt of written Notice of Claim, We will furnish to the claimant such forms as are usually furnished by Us for filing Proofs of Loss.

Proof of Loss: Written Proof of Loss must be given to Us within 90 days after the covered loss. If Proof of Loss is not given within 90 days, the claim will not be denied or reduced for that reason if that proof was given as soon as reasonably possible. In any case, the proof required must be given no later than one year from the time specified except in the absence of legal capacity.

Time of Payment of Claims: Benefits will be paid as soon as We receive proper Proof of Loss unless this Policy provides for periodic payment. When this Policy provides for periodic payment, the benefits will accrue and will be paid monthly subject to proper proof of loss.

Payment of Claims. When We receive written Proof of Loss covered by this Policy, We will pay any benefits due to You or else to Your beneficiary.

You are the beneficiary of all other Covered Persons. Unless You designate otherwise, Your beneficiary is Your spouse, if living, otherwise Your surviving children; otherwise Your estate. Unless You make an irrevocable designation of beneficiary, the right to change the beneficiary is reserved to You.

If benefits are payable to Your estate or to an insured or beneficiary who is a minor or otherwise not competent to give a valid release, We may pay up to \$1,000 to any relative by blood or connection by marriage of the insured or beneficiary who is deemed by Us to be equitably entitled thereto. Any payment made by Us in good faith pursuant to this provision shall fully discharge Us to the extent of such payment.

Physical Examination and Autopsy: We, at Our own expense, shall have the right to have a Doctor of Our choice examine You as often as reasonably necessary while a claim is pending. We, at Our own expense, may also have the right to make an autopsy in the case of death, where it is not prohibited by law.

Assignment: No Assignment of this Policy or its benefits, by You or Your legal representative, will affect Us unless it is in writing and sent to Us at our Home Office. We are not responsible for the validity of the Assignment. Any payment We make in good faith will end Our liability to the extent of the payment.

Legal Actions: A legal action may not be brought to recover on this Policy within 60 days after written Proof of Loss has been given as required. No such action may be brought after 3 years from the time written proof was required to be given.

PREMIUM

Payment of Premium/Due Date: All premium, charges or fees (hereinafter "Premium") must be paid to Us at Our Home Office prior to the start of the term for which coverage is selected. In no event will coverage become effective prior to the date of the application and required premium are received at Our Home Office.

Grace Period: We allow a grace period of 31 days for the payment of premium after the first premium. Coverage remains in force during the Grace Period. If a premium is not paid during the Grace Period, this policy will terminate as of the due date of the unpaid premium. If You send written notice to Us that You are not renewing Your coverage, then the Grace Period will not apply after the date the non-renewal is to be effective.

Coverage terminates on the last day for which premium has been paid.

Reinstatement: If coverage terminates due to non-payment of premium, then a subsequent acceptance of premium by Us or by an agent, without requiring an application for reinstatement, will reinstate the insurance.

If We do require an application for reinstatement and accept premium, then We may issue a conditional premium receipt. If We approve the application, then insurance will be reinstated as of the date of Our approval. If We do not approve the application, then We will notify You in writing within 45 days after the date of the application.

If We do not notify You within 45 days, then coverage will be reinstated on the 45th day after the date of the conditional premium receipt.

The reinstated Policy will cover only losses due to conditions that begin after the date of reinstatement. In all other respects, Your rights and Ours will be the same as before insurance terminated, unless there are new provisions added due to reinstatement. The premium We accept for reinstatement may be used for the period for which premiums had not been paid. We can apply the premium for as many as 60 days before the date of reinstatement.

Refund of Premium: We will refund that part of any premium paid beyond the end of the month in which Your death occurred. Payment will be made within 30 days after Our receipt of proof of Your death.

GENERAL PROVISIONS

Entire Contract; Changes: The Policy, endorsements and the attached papers, if any, constitutes the entire contract of insurance. No change in the Policy shall be valid until approved by one of Our executive officers and unless such approval is endorsed hereon or attached hereto. No agent has authority to change the Policy or waive any of its provisions.

Term. The first term begins at 12:01 a.m. (Standard Time) on the Effective Date shown on the Policy Schedule, but insurance will not be effective before the time the application is signed by the applicant. The first term ends at 12:00 midnight (Standard Time) on the First Renewal Date. Each renewal term begins at 12:01 a.m. (Standard Time) on the day after the date to which premium is paid. Renewal dates are determined by your mode of payment. Your initial mode of payment is shown in the Policy Schedule.

Time Limit On Certain Defenses: After 2 years from the Effective Date, no misstatements, except fraudulent misstatements, made by You in the application for such coverage shall be used to void the Policy or to deny a claim for loss incurred commencing after the expiration of such 2 year period.

No claim for loss incurred commencing after 6 months from the Effective Date shall be reduced or denied on the ground that a disease or physical condition not excluded from coverage by name or specific description effective on the date of loss had existed prior to the Effective Date of coverage.

Misstatement Of Age: If the Covered Person's age has been misstated, all amounts payable under the Policy will be such as the premium paid would have purchased at the correct age.

Conformity With State Statutes: If any provision of this Policy is contrary to any law to which it is subject, such provision is hereby amended to conform to the minimum requirements of such law.

Workers' Compensation: This Policy is not in lieu of and does not affect any requirement for coverage by Workers' Compensation Insurance.

**UNITED NATIONAL LIFE
INSURANCE COMPANY
OF AMERICA**

A Stock Company
P.O. Box 1154
Glenview, IL 60025-1154
(847) 803-5252

**HOSPITAL
CONFINEMENT AND
HOME CARE
INDEMNITY POLICY**

Section A: Applicant Information

[☐ Applying For: (please check one)

☐ New Coverage ☐ Reinstatement ☐ Increase in Benefits

Primary Applicant

1. Last Name _____ First Name _____ MI _____

Social Sec # _____ - _____ - _____ Age _____ Birth date ____/____/____

Spouse

2. Last Name _____ First Name _____ MI _____

Social Sec # _____ - _____ - _____ Age _____ Birth date ____/____/____

Dependents

3. Last Name _____ First _____ MI _____ Age ____ Birth date ____/____/____ Social Sec # ____ - ____ - ____

4. Last Name _____ First _____ MI _____ Age ____ Birth date ____/____/____ Social Sec # ____ - ____ - ____

5. Last Name _____ First _____ MI _____ Age ____ Birth date ____/____/____ Social Sec # ____ - ____ - ____

6. Last Name _____ First _____ MI _____ Age ____ Birth date ____/____/____ Social Sec # ____ - ____ - ____

(For additional dependents, please attach a separate piece of paper, signed by the applicant, including the above information for each dependent.)

7. Street Address _____ City _____ ST _____ Zip Code _____

8. Telephone (Day) _____ Applicant's E-mail Address _____

Section B: Coverage Selection and Premiums

<input type="checkbox"/> Hospital Confinement Indemnity (U9910)	<input type="checkbox"/> Hospital Confinement & Home Care Indemnity (U0950) Benefits Plus	<input type="checkbox"/> First Diagnosis Cancer (U0430) Cancer Plus
Coverage: (check applicable) <input type="checkbox"/> Primary Applicant <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Children Plan: (check one) <input type="checkbox"/> Plan A <input type="checkbox"/> Plan B <input type="checkbox"/> Plan C <input type="checkbox"/> Plan D <input type="checkbox"/> Plan E Modal Premium: \$ _____ = Premium Due: \$ _____	Coverage: (check applicable) <input type="checkbox"/> Primary Applicant <input type="checkbox"/> Spouse Plan: (check one) <input type="checkbox"/> Plan A <input type="checkbox"/> Plan B <input type="checkbox"/> Plan C <input type="checkbox"/> Plan D Rider <input type="checkbox"/> Dependent Children – Plan A Only Modal Premium: \$ _____ = Premium Due: \$ _____	Coverage: (check applicable) <input type="checkbox"/> Primary Applicant <input type="checkbox"/> Family Scheduled Base Plan (check one) <input type="checkbox"/> Option A <input type="checkbox"/> Option B <input type="checkbox"/> Option C <input type="checkbox"/> Option D Riders <input type="checkbox"/> Heart Attack and Stroke <input type="checkbox"/> Return of Premium <input type="checkbox"/> Lump Sum \$ _____ \$1,000 - \$10,000 Modal Premium: \$ _____ = Premium Due: \$ _____

Premium Payment Modes: ☐ Monthly Bank Draft (0.84) ☐ Quarterly (.265) ☐ Semi-Annual (.52) ☐ Annual

Total Premium Collected: \$ _____]

Section C: Medical/Underwriting Questions

Replacement question must be answered for ALL plans.

- 1a. Will the coverage(s) being applied for replace any existing hospital, medical, major medical, or hospital confinement indemnity insurance in this or any other company? ☐ Yes ☐ No
If yes, name of person this applies to _____ Company _____
If yes, submit appropriate replacement form – (if needed in your state).

Hospital Confinement Indemnity (U9910)

Answer the following question if applying for the Hospital Confinement Indemnity (U9910)

- 1b. Does any person to be insured have any inforce or applied for hospital confinement indemnity insurance in this or any other company? ☐ Yes ☐ No
If yes, name of person this applies to _____ Amount of Coverage _____

Benefits Plus - Hospital Confinement & Home Care Indemnity (U0950)

Answer the following questions if applying for the Benefits Plus Plan (U0950)

If the answer to any of the following questions is "Yes", that person does not qualify for this plan.

- 1c. Is any person to be insured currently in a hospital, nursing home or receiving home health care, or is disabled, receiving disability or is applying for disability benefits or will do so in the next 60 days? ☐ Yes ☐ No
- 2c. In the past 24 months, has any person to be insured been diagnosed by a member of the medical profession as having a heart attack or stroke or had heart surgery/ bypass or angioplasty? ☐ Yes ☐ No
- 3c. In the past 24 months has any person to be insured been diagnosed or received treatment by a member of the medical profession for chronic obstructive lung disease, insulin dependent diabetes, drug or alcohol use, cancer (not skin cancer), congestive heart failure or chronic liver or kidney disease? ☐ Yes ☐ No
- 4c. In the past 12 months, has any person to be insured been advised by a member of the medical profession to have surgery but has not yet done so? ☐ Yes ☐ No
- 5c. Has any person to be insured been treated or been diagnosed by a member of the medical profession for Acquired Immune Deficiency (AIDS), AIDS Related Complex (ARC), or HIV infection? ☐ Yes ☐ No

If yes, name of person this applies to _____

Primary Applicant's Beneficiary Name _____ Relationship _____

Cancer Plus - First Diagnosis Cancer (U0430)

Answer the following questions if applying for the Cancer Plus (U0430):

- 1d. In the past 10 years, has any person to be insured had, ever diagnosed as having, received medication for, or been treated by a medical practitioner for:
- a. Internal cancer, Leukemia, Hodgkin's disease, malignant melanoma, or sarcoma? ☐ Yes ☐ No
 - b. Heart attack, heart bypass, angioplasty or stent placement, angina, stroke or Transient Ischemic Attack (TIA)? ☐ Yes ☐ No
- 2d. In the past 10 years has any person applying for coverage been diagnosed or treated by a member of the medical profession for Acquired Immune Deficiency (AIDS), AIDS Related Complex (ARC) or HIV infection? ☐ Yes ☐ No
- 3d. In the past 24 months, has any person to be insured been advised to seek treatment or medical advice from a medical practitioner but has not done so or experienced any symptoms that would have caused a person to seek medical advice from a medical practitioner for any of the conditions listed in Questions 1d or 2d? ☐ Yes ☐ No

If yes, name of person this applies to _____

Section D: Authorization / Agreement

ALL STATEMENTS MADE IN THIS APPLICATION ARE FULL, COMPLETE AND TRUE, TO THE BEST OF MY (OUR) KNOWLEDGE AND BELIEF. I (WE) UNDERSTAND THAT THE STATEMENTS FORM THE BASIS UPON WHICH INSURANCE WILL BE MADE EFFECTIVE. I (WE) UNDERSTAND THAT OMISSIONS, MISREPRESENTATIONS OR MISSTATEMENTS COULD RESULT IN DENIAL OF AN OTHERWISE VALID CLAIM AND/OR RESCISSION, VOIDING, OR REFORMATION OF INSURANCE.

I (We) understand that insurance applied for will not become effective until: a) approved and issued by UNL; b) I (We) have been furnished written notice of the effective date; and c) I (We) have paid the premium in full. I (We) understand that any changes in my (our) health conditions, if applicable, from the date of this application until insurance becomes effective, may result in the declination of my (our) coverage. No agent or other representative of UNL has required, permitted, or encouraged me (us) to answer any question inaccurately or has waived any conditions of this application. I (We) have received a copy of the Pre-Notice which describes how information is obtained and used by UNL. If this application is completed electronically, I (We) understand the Pre-Notice will be delivered electronically or with the policy. If the application is completed over the phone the Pre-Notice will be delivered with the policy.

AUTHORIZATION: I (We) authorize United National Life Insurance Company of America (herein referred to as the "Company"), insurance support organizations, authorized representatives, and any reinsurers, to obtain information as to the diagnosis, treatment, or prognosis of my (our) physical condition, other coverage and any other information needed to underwrite my (our) application for insurance such as criminal or motor vehicle records. Upon presentation of this Authorization, or a photocopy of it, the Company may obtain, without restriction (except psychotherapy notes), such information or records from any doctor, health professional, hospital, clinic, Veterans Administration, insurance company or other person or organization which has such information including any information provided to any affiliate insurance company on previous applications and any information provided to our health division for underwriting or claim servicing purposes. The Company and its reinsurers may also obtain such information from the Medical Information Bureau. This Authorization includes all information about drugs, alcoholism, and mental illness. I (We) understand and agree that the Company or its representatives may conduct a phone interview or face-to-face assessment as part of the underwriting process. I (We) agree that this Authorization will be valid for 24 months from the date signed, and know that I (We) or my (our) authorized representative may have a photocopy of it.

I (We) have received an Outline of Coverage. If this application is completed electronically, I (we) understand the Outline of Coverage will be delivered electronically or with the policy. If the application is completed over the phone the Outline of Coverage will be delivered with the policy.

I (We) understand that I (We) have the right to revoke this Authorization, in writing, at any time by sending written notification to my (our) agent or to the Company at the above address. I (We) understand that a revocation will not be effective to the extent the Company has relied on the use or disclosure of the protected health information or, so long as UNL has a legal right to contest a claim under the coverage or the coverage itself. Revocation requests should be sent in writing to my (our) agent or to the attention of the Underwriting Manager.

I (We) understand once information is disclosed pursuant to this Authorization, such information will continue to be protected by UNL in accordance with federal or state law. I (We) also understand that my (our) application for insurance can be declined if I (We) choose not to sign this Authorization.

Any person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete or misleading information may be guilty of insurance fraud which is a crime.

Signed at

Date

City and State

Signature of Applicant

Signature of Applicant's Spouse (if applicable)

AGENT'S STATEMENT

I am not aware of any additional information which may have a bearing on the insurability of anyone proposed for insurance on this application and any supplement to it. I have advised the applicant not to withhold any information relative to this application and its questions. I have advised the applicant to review the application for completeness and accuracy and that no coverage is in effect until the applicant is notified in writing by United National Life Insurance Company of America. I certify that I asked all the questions and truthfully and accurately recorded the answers contained herein (except if application is completed electronically or over the phone). To the best of my knowledge and belief, the insurance applied for: ☐ is or is likely to replace or ☐ is not or is not likely to replace or change any existing policy(ies) or contract(s).

Agent's Name (Printed)

Agent Code

Agent's Signature

Date

Agent's E-mail Address

UNITED NATIONAL LIFE INSURANCE COMPANY OF AMERICA
A Stock Company
P.O. Box 1154, Glenview, Illinois 60025-1154
(847) 803-5252

HOSPITAL CONFINEMENT HOME CARE INDEMNITY POLICY

Guaranteed Renewable for Life
Premiums May be Changed By Class

OUTLINE OF COVERAGE
For Policy Form U0950-AR

KEEP THIS OUTLINE FOR YOUR RECORDS

THIS IS A LIMITED POLICY

READ YOUR POLICY CAREFULLY. This Outline of Coverage provides a very brief description of the important features of your policy. This is not the insurance contract and only the actual policy provisions will control. Your policy sets forth in detail the rights and obligations of both you and your insurance company. It is, therefore, important that you **READ YOUR POLICY CAREFULLY!**

HOSPITAL CONFINEMENT INDEMNITY COVERAGE – Policies of this category are designed to provide to persons insured, coverage in the form of a fixed daily benefit during periods of hospitalization resulting from a covered accident or sickness, subject to any limitations set forth in the policy. Additional benefits, described in Parts I, II, and III below, are also provided on a fixed indemnity basis.

THIS POLICY IS NOT A MEDICARE SUPPLEMENT POLICY. If You are eligible for Medicare, review “The Guide to Health Insurance for People with Medicare” available from the company.”

BENEFIT PROVISIONS

We will pay benefits, as shown in Parts I and II below, for Medically Necessary care, received by a Covered Person due to Injury or Sickness.

Benefits for Home Health Care or Homemaker/Companion Services are payable provided such care is needed because of the Covered Person's inability to perform 1 of the Activities of Daily Living, or because of a Cognitive Impairment. Homemaker/Companion Services and Daily Home Recovery must follow a covered Hospital Confinement.

We will pay benefits as shown in Part III, for Wellness Care and Accidental Death.

The benefits, as shown in Parts I, II, and III below, are subject to the benefit amounts shown in the Policy Schedule, the definitions, limitations, exclusions, and other provisions of the Policy.

Part I

A – Lump Sum Hospital Benefit

We will pay the Lump Sum Hospital Benefit Amount when a Covered Person is Hospital Confined as defined in the Policy. Lump Sum Hospital Benefits are payable only once during any One Period of Confinement, and are not subject to any Elimination Period.

B - Daily Hospital Confinement Indemnity Benefit

We will pay the Daily Benefit Amount for each day a Covered Person is confined in a Hospital when such confinement is Medically Necessary because of an Injury or Sickness. Benefits will begin on the first day of Hospital Confinement following the Elimination Period, and are subject to the Daily Benefit Amount. The Daily Benefit Amount and Elimination Period are shown in the Policy Schedule.

We will not pay more than a total of 180 days for Hospital Confinement during a Covered Person's lifetime.

C - Doctor's Office Visit Benefit

We will pay the Doctor's Office Weekly Benefit Amount as shown in the Policy Schedule, when a Covered Person receives the medical services of a Doctor. Limited to one Doctor's Office Weekly Benefit Amount regardless of the number of Doctor visits during the Week for which benefits are paid. If you select the optional

Child Benefit Rider, we won't pay more than a total of 5 weeks for visits to the doctors office per calendar year, for all Dependent Children.

We will not pay more than the Doctor's Office Calendar Year Maximum shown in the Policy Schedule.

D – Outpatient Surgery Benefit

We will pay the Outpatient Surgery Benefit Amount for a surgical procedure performed by a Doctor when such procedure is performed in an Ambulatory Surgical Center or Outpatient Facility of a Hospital. Surgical procedures and the services and supplies related to the surgical procedures are limited to two occurrences per calendar year not to exceed the Maximum Surgery Benefit Amount. The Outpatient Surgery Benefit Amount and the Maximum Surgery Benefit Amount are shown in the Policy Schedule.

We won't pay for multiple surgical procedures when such procedures are performed through the same incision or in immediate succession. We also won't pay for surgeries performed in a Doctor's office or when Hospital Confined.

E - Emergency Room Benefit

We will pay the Emergency Room Weekly Benefit Amount, as shown in the Policy Schedule, when a Covered Person receives Emergency Care, including emergency room services, due to an Injury.

We will not pay more than the Emergency Room Calendar Year Maximum shown in the Policy Schedule.

Part II

A - Home Health Care Benefits

We will pay the Home Health Care Benefit Amount for each Week a Covered Person receives 3 or more Home Health Care Practitioner visits on separate days. We will not pay more than the Home Health Benefit Maximum during any one Benefit Period for Home Health Care.

The Home Health Care Benefit Amount and Home Health Care Benefit Maximum are shown in the Policy Schedule.

B - Homemaker/Companion Benefit

We will pay the Homemaker/Companion Benefit Amount for each Week a Covered Person receives 2 or more Homemaker/Companion Services on separate days. Such services must follow a covered Hospital Confinement.

We will not pay more than the Homemaker/Companion Benefit Maximum during any one Benefit Period for Homemaker/Companion Services.

The Homemaker/Companion Benefit Amount and Homemaker/Companion Benefit Maximum are shown in the Policy Schedule.

C – Daily Home Recovery Benefit

We will pay the Daily Home Recovery Benefit Amount following a covered Hospital Confinement, not to exceed the number of days of such Hospital Confinement, and subject to the Home Recovery Benefit Maximum per covered Hospital Confinement. The Daily Home Recovery Benefit and the Home Recovery Benefit Maximum can be found in the Policy Schedule.

Part III

D – Wellness Care Benefit

We will pay the Wellness Care Benefit Amount for Wellness Care as defined in the Policy. Wellness Care must be prescribed (with the exception of an annual physical exam) and provided under the supervision of a Doctor. The Wellness Care Benefit Amount can be found in the Policy Schedule.

E – Accidental Death Benefit

We will pay the Accidental Death Benefit, shown on the Policy Schedule, to the Beneficiary named in the application (or as later changed) if You die solely as a result of Injuries. Accidental death must occur while this Policy is in force and within ninety (90) days after the Accident causing the Injuries. Our payment will be subject to all of the provisions of the Policy. The Accidental Death Benefit does not apply to any spouse or child that may be covered under this Policy or any rider attached to this Policy.

LIMITATIONS AND EXCLUSIONS:

PRE-EXISTING CONDITION LIMITATION

A Pre-Existing Condition is: a Sickness or Injury, disclosed or not disclosed on the application, for which medical care, treatment, diagnosis or advice was received or recommended within the 6 month period immediately prior to the Covered Person's Effective Date of coverage under this Policy; or the existence of symptoms which would cause an ordinarily prudent person to seek diagnosis, care or treatment within the 6 months prior to the Covered Person's Effective Date of coverage under this Policy. Treatment includes the taking of Prescription Drugs or medicines.

Pre-existing conditions are not covered unless the loss begins more than 6 months after the Covered Person's Effective Date of coverage.

EXCLUSIONS

This policy does not cover loss:

1. For treatment, services or supplies which:
 - Are not Medically Necessary;
 - Are not prescribed by a Doctor as necessary to treat an Sickness or Injury;
 - Are determined to be Experimental/Investigational in nature by Us;
 - Are received without charge or legal obligation to pay;
 - Would not routinely be paid in the absence of insurance;
 - Are received from any Immediate Family Member.
2. For treatment of an Injury or Sickness due to war or an act of war, declared or undeclared; service in the armed forces of any country.
3. For treatment of intentionally self-inflicted injuries or attempted suicide while sane or insane.
4. For treatment of an Injury or Sickness for which a Covered Person is entitled to benefits under any Workers' Compensation or Occupational Disease Law (self-employed Covered Persons are covered for occupational Injury).
5. For normal pregnancy and childbirth if conception was before the Effective Date. Complications of pregnancy are covered as a Sickness.
6. For Mental or Nervous Disorders.
7. For treatment of an Injury that results from the Covered Person's commission of, or attempt to commit a felony, or from the Covered Person's being engaged in an illegal activity.
8. For cosmetic surgery. However "cosmetic surgery" does not include reconstructive surgery which is incidental because of previous surgery due to trauma, infection, or other disease of the involved part; or reconstructive surgery because of a congenital disease or anomaly.
9. For Injury due to being legally intoxicated, as defined by the jurisdiction in which an Accident occurs.
10. For loss due to voluntarily using any drug, narcotic or controlled substance, unless as prescribed by a Doctor.
11. For confinement or treatment received outside the United States or its possessions, unless loss is incurred while the Covered Person is on a trip of not more than 30 days' duration.

12. For services provided by a Home Health Care Agency which has any financial relationship with a Covered Person, with any member of the Covered Person's Immediate Family, or with a Covered Person's Doctor.

13. For the following surgeries under the Outpatient Surgery Benefit;

- Surgery performed in a Doctor's office or when Hospital Confined.
- Surgery for corns, calluses and bunions; deviated nasal septum, including submucous resection and/or other surgical corrections thereof unless due to Injury occurring while coverage is in force for the Covered Person;
- Surgery for removal of breast implants. This exclusion shall not apply to the removal of breast implants for the Medically Necessary treatment of a covered Sickness or Injury, unless the implants were implanted solely for cosmetic purposes and not for surgery performed as reconstruction resulting from an Sickness or Injury;
- Surgery for non-malignant warts, moles (boils), and lesions unless Medically Necessary;
- Surgery for sex transformation or reversal thereof;
- Dental surgery except oral surgery for excision of tumors, growths and cysts of the jaw and mouth and surgery to Sound Natural Teeth made necessary by Injury;
- Surgery for refractive anomalies;

14. Under the Accidental Death Benefit due to;

- Bodily or mental infirmity.
- Bacterial infections except:
Infections which occur simultaneously with or through a cut or wound sustained as the direct result of an Injury, independent of any other cause; and
The accidental ingestion of a contaminated substance.
- Any kind of disease or hernia.
- Medical or surgical treatment, except losses that result directly from surgical operations made necessary solely by Injury which is the direct result of an Accident, independent of disease or bodily infirmity or any other cause, and performed within 90 days of the Accident.
- Travel, or flight in or descent from any kind of aircraft unless:
As a fare paying passenger on a regularly scheduled flight; or
As a passenger on an official flight of the Military Airlift Command of the United States or similar air transport services of other countries.
- Any Accident or occurrence arising out of or in the course of employment.
- Sickness or its medical or surgical treatment, including diagnosis.
- Voluntary gas inhalation or poison voluntarily taken, administered or inhaled.
- Riding or driving as a professional in any kind of race for prize money or profit.

GUARANTEED RENEWABLE FOR LIFE You may keep this Policy, and Riders if attached, in force during Your entire lifetime, unless otherwise stated in the Rider, by paying the renewal premium at the intervals available to You at time of renewal. You must pay the renewal premium by its due date or during the 31 days that follow. We cannot cancel or refuse to renew this Policy or place any restrictions on it if You pay Your premiums on time.

PREMIUMS SUBJECT TO CHANGE We may change the premium rates for this Policy/Riders by giving You at least 31 days prior written notice of any change in the renewal premium. We can only change the premium if We change it for all Policies/Riders like Yours in Your state on a class basis.

INITIAL PREMIUM:

- ☐ Hospital Confinement Home Care Indemnity Policy
- ☐ Child Benefit Rider

Premium: \$ _____

Premium: \$ _____

Total: \$ _____

SERFF Tracking Number: GRTT-126512874 State: Arkansas

Filing Company: United National Life Insurance Company of America State Tracking Number: 44971

Company Tracking Number: U0950-AR

TOI: H141 Individual Health - Hospital Indemnity Sub-TOI: H141.000 Health - Hospital Indemnity

Product Name: U0950-AR

Project Name/Number: U0950-AR/U0950-AR

Rate/Rule Schedule

Schedule Item Status:	Document Name:	Affected Form Numbers: (Separated with commas)	Rate Action:	Rate Action Information:	Attachments
Approved-Closed 02/24/2010	Policy Rates	U0950-AR	New		RateSheet BenPlus 2010 50%-AR.pdf
Approved-Closed 02/24/2010	Child Rider Rates	RU069911-AR	New		RateSheet BP 2010 Child 50%.pdf

United National Life Insurance Company
Hospital Confinement and Home Care Policy
Form U0950
Rate Sheet

Annual Premium

Issue Ages	A	B	C	D
18-24	270	410	602	740
25-29	290	440	641	790
30-34	310	470	686	850
35-39	330	500	725	890
40-44	360	550	796	980
45-49	410	640	920	1,130
50-54	500	750	1,072	1,350
55-59	590	910	1,299	1,590
60-64	750	1,120	1,605	2,000
65-69	910	1,360	1,962	2,450
70-74	1,120	1,700	2,465	3,050
75-79	1,340	1,970	2,896	3,560
80-84	1,700	2,400	3,580	4,300

Modal Factors

Monthly PAC: .084 times annual
Quarterly: .265 times annual
Semiannual: .520 times annual

United National Life Insurance Company
Hospital Confinement and Home Care Policy
Child Rider RU069911
Rate Sheet

Annual Premium

Issue Ages	A	B	C	D
Children	526	761	1,055	1,276

Modal Factors

Monthly PAC: .084 times annual
Quarterly: .265 times annual
Semiannual: .520 times annual

SERFF Tracking Number:	GRTT-126512874	State:	Arkansas
Filing Company:	United National Life Insurance Company of America	State Tracking Number:	44971
Company Tracking Number:	U0950-AR		
TOI:	H141 Individual Health - Hospital Indemnity	Sub-TOI:	H141.000 Health - Hospital Indemnity
Product Name:	U0950-AR		
Project Name/Number:	U0950-AR/U0950-AR		

Supporting Document Schedules

	Item Status:	Status
Satisfied - Item: Flesch Certification	Approved-Closed	Date: 02/24/2010
Comments:		
Attachment:		
READCERT-AR.pdf		

	Item Status:	Status
Satisfied - Item: Application	Approved-Closed	Date: 02/24/2010
Comments:		
Please refer to the Form Schedule.		

	Item Status:	Status
Satisfied - Item: Outline of Coverage	Approved-Closed	Date: 02/24/2010
Comments:		
Please refer to the Form Schedule.		

	Item Status:	Status
Satisfied - Item: Summary of Coverage	Approved-Closed	Date: 02/24/2010
Comments:		
Attachment:		
Summary of Coverage.pdf		

CERTIFICATE OF READABILITY

Form Number(s): U0950-AR, UAPPH1-10-AR, OCU0950(CR)-AR

Flesch Test Score(s): 50.38, 51.39, 51.69, respectively.

I hereby certify that to the best of my knowledge and belief, the above form(s) meet the minimum reading ease requirements of Title 36 O.S. §3645. The Flesch Reading Ease Test score(s) are listed above.

UNITED NATIONAL LIFE INSURANCE COMPANY OF AMERICA



Allan J. Heindl, FLMI, HIA, AIRC
Vice President – Product Approval & Compliance

Date: February 23, 2010

Summary of Coverage

Policy form U0950 provides coverage for hospital confinement on an indemnity basis, as well as other complementary coverage. The following outlines coverage under the four plans available.

Benefit	Plan A	Plan B	Plan C	Plan D
Hospital Confinement Daily Indemnity	\$100	\$200	\$300	\$400
Lump Sum Hospital Benefit	\$500	\$1,000	\$1,500	\$2,000
Doctor's Office Visits	\$40 per week 5 weeks per year max	\$50 per week 5 weeks per year max	\$60 per week 5 weeks per year max	\$70 per week 5 weeks per year max
Outpatient Surgery Benefit	\$200 \$400 calendar year max	\$400 \$800 calendar year max	\$600 \$1,200 calendar year max	\$800 \$1,600 calendar year max
Emergency Room Benefit	\$150 per week \$450 calendar year max	\$150 per week \$450 calendar year max	\$250 per week \$750 calendar year max	\$250 per week \$750 calendar year max
Home Health Care Benefit	\$150 per week 26 weeks max during one benefit period	\$150 per week 26 weeks max during one benefit period	\$250 per week 26 weeks max during one benefit period	\$250 per week 26 weeks max during one benefit period
Homemaker / Companion Benefit	\$75 per week 26 weeks max during one benefit period	\$75 per week 26 weeks max during one benefit period	\$100 per week 26 weeks max during one benefit period	\$100 per week 26 weeks max during one benefit period
Daily Home Recovery Benefit	\$20 per day 30 day max per confinement	\$30 per day 30 day max per confinement	\$40 per day 30 day max per confinement	\$50 per day 30 day max per confinement
Wellness Care Benefit	\$50 per year	\$50 per year	\$100 per year	\$100 per year
Accidental Death	\$5,000 PI only	\$5,000 PI only	\$5,000 PI only	\$5,000 PI only